

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042198

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

119

Primary Registration District No.

4193

Registrar's No.

54

FILED NOV 21 1962

## 1. PLACE OF DEATH

a. COUNTY

Gasconade

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Hermann

Length of stay in 1b

1 1/2 Yrs.

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

Gasconade

c. CITY  
OR  
TOWN

Hermann

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

217 W. 5th. St.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

217 W. 5th. St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First Charles

Middle X

Last Zimmerli

4. DATE OF DEATH

Month Nov.

Day 13

Year 1962

## 5. SEX

Male

## 6. COLOR OR RACE

Cau.

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

12-24-1879

## 9. AGE (last birthday)

82

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Doctor

## 10b. KIND OF BUSINESS OR INDUSTRY

Medical

## 11. BIRTHPLACE (City and state or country)

Switzerland

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Unknown

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Mrs. Adele Zimmerli

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No.

## 17. INFORMANT

Address

Mrs. Adele Zimmerli--Hermann, Missouri

## 18. CAUSE OF DEATH (Enter only one cause per line for part I and part II)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

MYOCARDIAL INFARCTION

## INTERVAL BETWEEN ONSET AND DEATH

1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on 11-13-62

Death occurred at 3:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

George M. Workman M.D.

## 22b. ADDRESS

HERMANN, MO

## 22c. DATE SIGNED

11-15-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

11-16-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Hermann Cemetery

## 23d. LOCATION (City, town, or county)

Hermann,

Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Herman Blumer, Inc. Hermann, Missouri

## 25. DATE RECD. BY LOCAL REG.

11-15-62

## 26. REGISTRAR'S SIGNATURE

Delma Uffelman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10371

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9420.1

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12 90-0

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Reginald W. Blum*

Licensed Embalmer No. 5055

P. O. Address Hermann, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.